

<b>Case Number:</b>	CM15-0002768		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	09/10/2010
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58 year old female, who sustained an industrial injury on September 10, 2010. She has reported bilateral knee pain after a slip and fall to the knees. The diagnoses have included chronic right knee pain, status post right total knee replacement, and right knee internal derangement, chronic left knee pain, left knee degenerative joint disease and left knee internal derangement. Treatment to date has included topical cream, oral pain medication, right knee replacement in 2013, and right knee meniscus repair in 2011. Currently, the injured worker complains of bilateral knee pain the pain is described as achy. On December 10, 2014 Utilization Review non-certified a right knee superiolateral, superiomedial and inferiomedial Geniculate block under fluoroscopic guidance noting, American College of Occupational and Environmental Medicine and Official Disability Guidelines was cited. On December 4, 2014, the injured worker submitted an application for IMR for review of physical therapy two times four left knee and right knee superiolateral, superiomedial and inferiomedial Geniculate block under fluoroscopic guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**INJECTION RIGHT KNEE SUPERIOLATERAL, SUPERIOMEDIAL, AND INFERIOMEDIAL, GENICULATE BLOCK UNDER FLUOROSCOPIC GUIDANCE .:**  
 Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, knee pain, Geniculate block

**Decision rationale:** The patient presents with chronic bilateral knee pain. The current request is for injection right knee superiolateral, superomedial, and inferomedial, geniculate block under fluoroscopic guidance. ACOEM Table 13-6, supports steroid injections to the knee as an optional treatment. However, ACOEM does not address use of genicular nerve blocks at the knee for pain. Although ACOEM is silent on the procedure, ODG does not recommend geniculate blocks until higher quality studies with longer follow-up are available to demonstrate the efficacy of radiofrequency genicular neurotomy, and also to track long term adverse effects. As such, the medical guidelines do not support geniculate blocks at this time and the recommendation is for denial.